

INFORMATIONAL LETTER NO. 2060-MC-FFS

DATE: October 29, 2019

TO: IME Chiropractors

APPLIES TO: Managed Care (MC), Fee-for-Service (FFS)

FROM: Iowa Department of Human Services (DHS), Iowa Medicaid Enterprise (IME)

RE: Chiropractic Diagnosis Codes

EFFECTIVE: Immediately

*****This Informational Letter Replaces IL 2031-MC-FFS; the previous IL had an invalid modifier.*****

Medicaid recognizes Medicare's National Level II Healthcare Common Procedure Coding System (HCPCS) and Current Procedural Terminology (CPT) codes; however, not all HCPCS and CPT codes are covered. The specific CPT codes that are covered for chiropractors under Iowa Medicaid are listed in the following section. Iowa Medicaid does not cover any HCPCS codes for chiropractors.

It is the provider's responsibility to select the procedure code that best describes the item of service that was given. A claim submitted without a procedure code and a corresponding diagnosis code will be denied. **A link to the chiropractic diagnosis codes can be found on the [Covered Services, Rates, and Payments webpage](#)¹ and the direct link to the codes can be found [here](#)².**

Covered procedures for chiropractic manipulative treatment are:

Code	Service
98940	Spinal, one or two regions
98941	Spinal, three or four regions
98942	Spinal, five regions

If services are provided as the result of Care for Kids Early: Periodic Screening, Diagnosis, and Treatment (EPSDT) examination, use **modifier EP**.

¹ <https://dhs.iowa.gov/ime/providers/csrp>

² https://dhs.iowa.gov/sites/default/files/Primary_Diagnosis_Codes.pdf?071020192108

Generally, Medicaid limits chiropractic manipulative treatment to one code per day per patient. You are not required to bill excluded services.

Any treatments beyond the utilization guidelines listed must be submitted with documentation to support the medical necessity. If documentation is not submitted, the claim will be denied for lack of information. The claim may be resubmitted with documentation for reconsideration for the following:

- Category I diagnoses generally require short term treatment (12 manipulations per 12-month period).
- Category II diagnoses generally require moderate term treatment (18 manipulations per 12-month period).
- Category III diagnoses generally require longer term treatment (24 manipulations per 12-month period).
- The utilization guideline for diagnostic combinations between categories is 28 manipulations per 12-month period.

When applicable, updates to the Chiropractic Services manual will be made available on the [Provider Manuals webpage](#)³. Please note that an updated version of the Chiropractic Services manual will be posted to the Provider Manuals webpage later this year.

If you have any questions, please contact the IME Provider Services Unit at 1-800-338-7909, or by email at imeproviderservices@dhs.state.ia.us.

³ <https://dhs.iowa.gov/policy-manuals/medicaid-provider>